

Date: October 30, 2024

Time: 10:00am – 12:00pm



NEW COST-SHARING REDUCTIONS (CSRs) AVAILABLE IN 2025

AND

2025 QUALIFIED HEALTH PLAN AND ESSENTIAL PLAN LINE UP

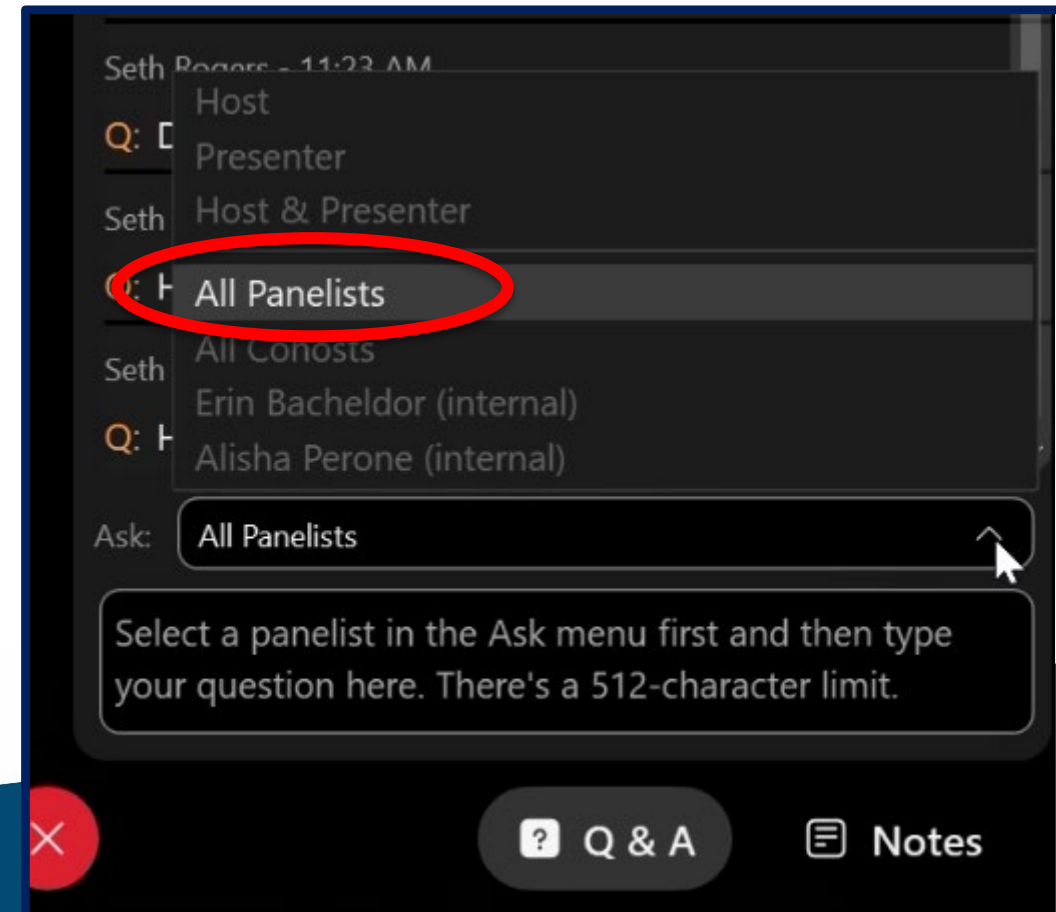
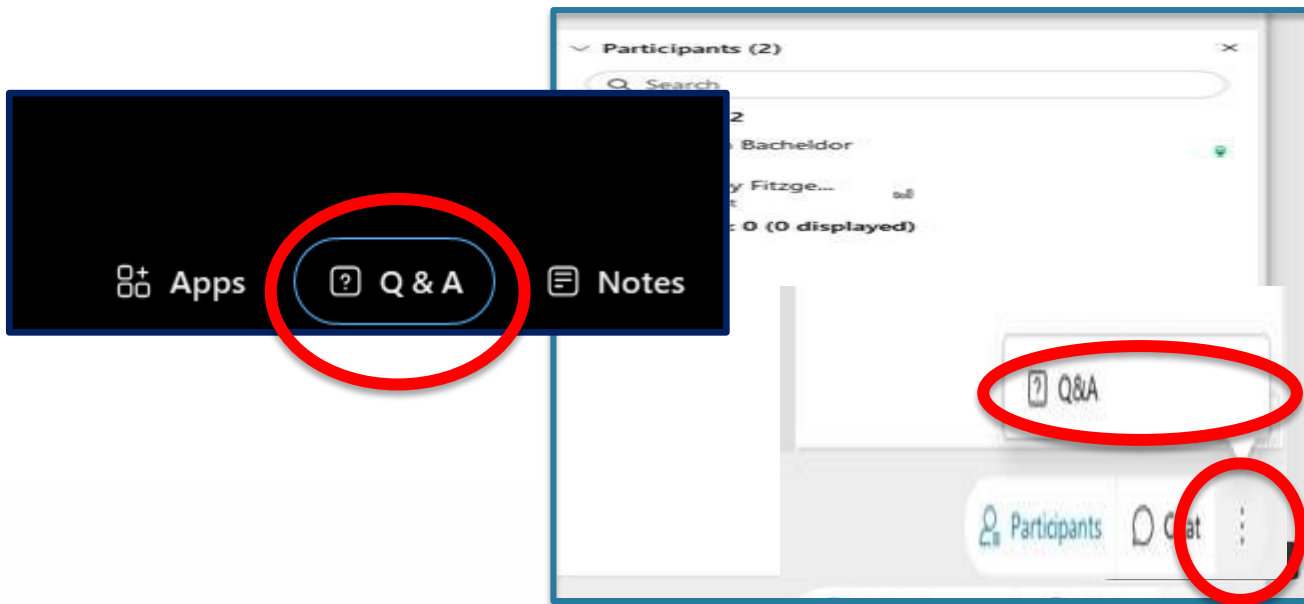
Log into the Webex first: click [HERE](#)

Then, you may connect to audio via computer audio or via telephone audio.

QUESTIONS

Questions can be submitted using the Q & A function on your Webex control panel.

- Chat function is disabled, please use Q & A panel to submit questions.
- We'll pause twice for questions.



RECORDING AND MATERIALS

A recording of the webinar and any related materials will be available online on our Spring Training webpage. Please visit:

<https://info.nystateofhealth.ny.gov/SpringTraining>

2024 Spring Training
October 16, 2024



SESSION	TOPIC	TRAINING MATERIALS
1 June 26, 2024	Privacy and Security - Providing a reminder and an update on the Privacy and Security rules and regulations by which all NY State of Health Assistors must comply	Presentation Video Identity Proofing Training Video Identity Proofing Slides Authorized Representatives Training Video Authorized Representative Slides Document Linking Checklist Privacy Consents and Terms, Rights, and Responsibilities in English and Spanish
2 Pre-recorded Training August 5, 2024	Essential Plan Coverage for Deferred Action for Childhood Arrivals (DACA)	Presentation Video
3 September 25, 2024	Open Enrollment and Renewals for the 2025 Plan Year	Presentation Video 2024 Income Levels for 2025 QHP Enrollment
4 October 16, 2024	Health Equity Training for NY State of Health Assistors	Presentation Video Resource Video on Health Equity

YOUR FEEDBACK: 2024 HEALTH EQUITY TRAINING FOR NY HEALTH ASSISTORS



Webinar Statistics:

- Right at 95% of respondents said the webinar increased their knowledge of health equity overall.
- Over 96% said information from the webinar will allow them to better assist consumers in their community.

Here's what you said:

- *“Please continue to include webinars like this because it speaks to connecting with people, not just about products and problems.”*
- *“This was a great training. It was eye-opening, informative, and so helpful.”*

TODAY'S PRESENTATION



Introductions

Alicia Neznek

Bureau of Consumer Assistance and Training

Presenters

Rachel Jeschke

Supervisor, Plan Management, NY State of Health

Panelists

Joe Gagnon

Assistant Director of Plan Management, NY State of Health

Maggie Middleton

Director of Plan Management, NY State of Health

Sonia Sekhar

Deputy Director, NY State of Health

- **DACA Eligibility in Qualified Health Plans**
- **New Cost-Sharing Reductions (CSRs) available in 2025**
 - Cost-Sharing Initiative for Consumers over 250% FPL and up to 400% FPL
 - Cost-Sharing Initiative for Consumers with Diabetes
 - Cost-Sharing Initiative for Pregnancy and Postpartum Care
- **2025 Plan Line Up**
 - Qualified Health Plans
 - Essential Plan
 - Small Business Marketplace
 - Dental Plans
 - Resources and Tools

DACA ELIGIBILITY - QHPs



- As determined by a final rule published in May, Deferred Action for Childhood Arrivals (DACA) recipients will be eligible to enroll in Qualified Health Plan coverage starting November 1, 2024.
- A group of states is seeking to block this rule through a lawsuit.
- No decision has been made yet in this case, and as such, DACA recipients and others remain eligible to purchase health insurance beginning November 1, 2024.
- We will keep Assistors updated on this when new additional information becomes available.

Beginning January 2025, NY State of Health will implement three (3) new Cost-Sharing Reduction (CSR) initiatives which we anticipate will provide additional benefits to nearly 118,000 consumers!

COST-SHARING REDUCTIONS (CSRs)

1. Cost-Sharing Initiative for consumers with income greater than 250% FPL up to 400% FPL
2. Cost-Sharing Initiative for consumers with Diabetes
3. Cost-Sharing Initiative for Pregnancy and Postpartum Care

Cost-Sharing Initiative for Consumers with Income Greater than 250% FPL up to 400% FPL

COST-SHARING REDUCTIONS (CSRs)



Coming January 1, 2025:

NY State of Health consumers with income between 250% FPL and 400% FPL, will become eligible to receive additional assistance to lower their out-of-pocket costs.

The Cost-Sharing Reduction, or CSR, is a federal subsidy program that reduces the out-of-pocket costs, co-pays, co-insurance, deductibles, and the maximum out-of-pocket limit for health care services at the point of care.

- CSRs do not impact the monthly premium cost.
- CSRs are only available to QHP consumers that are enrolled into a Silver CSR Plan.
 - If a CSR-eligible consumer chooses a non-Silver plan, they will not get the CSR benefit that they are otherwise eligible for.
- For coverage starting January 2025, new consumers can apply beginning November 1, 2024, and renewing consumers may become eligible beginning November 16, 2024.

How will this all work for 2025 coverage?

- If the consumer is automatically renewed with auto-enrollment and they had a Silver Plan in 2024, and they are between 250% - 400% FPL, then they will automatically start getting the new CSR benefit in 2025.
- If the consumer is automatically renewed with auto-enrollment and they are between 250% - 400% FPL and they were not enrolled in a Silver Plan in 2024, they will get an email telling them about the new CSR benefit and reminding them that in order to access this new benefit, they would need to change their current plan and enroll in a Silver Plan before the end of Open Enrollment.
- If the QHP-eligible consumer needs to manually renew or pick their plan for 2025 coverage and they are eligible for the new CSR benefit, they will receive this new benefit as long as they select a Silver Plan.

COST-SHARING REDUCTIONS (CSRs)



In order to become eligible for CSRs, the consumer must also be eligible for Advance Premium Tax Credits (APTC).

APTC and CSR Eligibility and Tax Filing Rules

- Consumer must attest that they will file taxes.
 - If married, they must attest that they will file jointly with spouse. There are [special exceptions](#) for when a married applicant can remain eligible for APTC and/or CSR without filing a joint return.

COST-SHARING REDUCTIONS (CSRs)



When a CSR-eligible consumer enrolls in a Silver Plan, they will receive the CSR that they are eligible for, which means it will have reduced out-of-pocket costs.

There will be two (2) different CSR Plan levels.

1. Silver Supreme CSR Plans - Consumers who are $> 250\%$ - $\leq 350\%$ will be eligible for a Silver CSR Plan which covers 87% of the Actuarial Value.

- These are consumers who earn more than \$37,650 and up to \$52,710 a year as an individual, or more than \$78,000 up to \$109,200 as a family of four, who are eligible for a Qualified Health Plan with Advance Premium Tax Credit (APTC).

2. Silver Enhanced CSR Plans - Consumers who are $> 350\%$ - $\leq 400\%$ will be eligible for a Silver CSR Plan which covers 73% of their Actuarial Value.

- These are consumers who earn more than \$52,710 and up to \$60,240 in a year as an individual, or more than \$109,200 and up to \$124,800 as a family of four, who may be eligible for a Qualified Health Plan with Advance Premium Tax Credit (APTC).

*Actuarial Value measures the average percentage of medical expenses to be paid by the Issuer for its consumers. As the Actuarial Value increases, it covers a greater share of consumers' medical expenses overall.

COST-SHARING REDUCTIONS (CSRs)



Emergency Department After Deductible

- > 400% - Silver Plan with no CSR \$500 co-pay
- > 350% - ≤ 400% - Silver Enhanced Plans \$275 co-pay
- > 250% - ≤ 350% - Silver Supreme Plans \$75 co-pay

ATTACHMENT B: STANDARD PLAN COST-SHARING CHART

	Platinum	Gold	Silver	Silver 73 Enhanced Plan	Silver 87 Supreme Plan	Silver 94	Bronze	Bronze HSA	Catastrophic	AI/AN CSR 100-300%	Limits
Emergency Department	\$100 Copayment	\$150 Copayment after Deductible	\$500 Copayment after Deductible	\$275 Copayment after Deductible	\$75 Copayment after Deductible	\$50 Copayment	\$500 Copayment after Deductible	50% Coinsurance after Deductible	0% Coinsurance after Deductible	\$0 Copayment	See benefit for description
[Cost-Sharing; Copayment; Coinsurance] waived if admitted to Hospital	Health care forensic examinations performed under Public Health Law § 2805-i are not subject to Cost-Sharing	Health care forensic examinations performed under Public Health Law § 2805-i are not subject to Cost-Sharing	Health care forensic examinations performed under Public Health Law § 2805-i are not subject to Cost-Sharing	Health care forensic examinations performed under Public Health Law § 2805-i are not subject to Cost-Sharing	Health care forensic examinations performed under Public Health Law § 2805-i are not subject to Cost-Sharing	Health care forensic examinations performed under Public Health Law § 2805-i are not subject to Cost-Sharing	Health care forensic examinations performed under Public Health Law § 2805-i are not subject to Cost-Sharing	Health care forensic examinations performed under Public Health Law § 2805-i are not subject to Coinsurance	Health care forensic examinations performed under Public Health Law § 2805-i are not subject to Coinsurance		

COST-SHARING REDUCTIONS (CSRs)



External Hearing Aids After Deductible

- > 400% - Silver Plan with no CSR 30% coinsurance
- > 350% - ≤ 400% - Silver Enhanced Plans 25% coinsurance
- > 250% - ≤ 350% - Silver Supreme Plans 10% coinsurance

ATTACHMENT B: STANDARD PLAN COST-SHARING CHART											
	Platinum	Gold	Silver	Silver 73 Enhanced Plan	Silver 87 Supreme Plan	Silver 94	Bronze	Bronze HSA	Catastrophic	AI/AN CSR 100-300% FPL	Limits
External Hearing Aids • Prescription Hearing Aids	10% Coinsurance	20% Coinsurance after Deductible	30% Coinsurance after Deductible	25% Coinsurance after Deductible	10% Coinsurance after Deductible	0% Coinsurance	50% Coinsurance after Deductible	50% Coinsurance after Deductible	0% Coinsurance after Deductible	\$0 Copayment	Single purchase once every three (3) years

COST-SHARING REDUCTIONS (CSRs)



All 2025 Standard Silver Plans allow one visit to a primary care provider or specialist that is not subject to the deductible.

- This includes behavioral health outpatient visits.
- Co-payments may be applicable for these visits.

Cost-Sharing for Health Care Services	Silver Supreme	Silver Enhanced
Annual Deductible	\$350	\$1,855
Preventive Care	Free	Free
Primary Care Physician Visit*	\$15	\$30
Specialist Visit*	\$35	\$65
Inpatient Hospital Stay per admission	\$250	\$1,500
Behavioral Health Outpatient Visit*	\$15	\$30
Behavioral Health Inpatient Visit per admission	\$250	\$1,500
Emergency Room	\$75	\$275
Urgent Care	\$50	\$70
Physical Therapy, Speech Therapy, Occupational Therapy	\$25	\$30

[Extra Cost-Savings Through NY State of Health in 2025 | NY State of Health](#)

Cost-Sharing for Prescription Drugs	Silver Supreme	Silver Enhanced
Generic	\$9	\$15
Preferred Brand	\$20	\$40
Non-Preferred Brand	\$40	\$75

COST-SHARING REDUCTIONS (CSRs)



Wrap-Up

Consumers who are CSR-eligible will receive the CSR as long as they enroll in a Silver Metal Level QHP.

- Consumers will not see plans to choose from which have “Supreme” or “Enhanced” included in the plan name.
- Consumers will not see plans to choose from which have “Silver 73” or “Silver 87” included in the plan name.

Consumers who are eligible for CSR and who enroll in a Standard Silver Metal Level QHP will receive the out-of-pocket costs listed on the Attachment B.

- Consumers eligible for CSR who enroll in a Non-Standard Silver QHP, will still receive the CSR benefit, however their out-of-pocket costs may vary from the standard plan costs listed on the Attachment B.

Remember that consumers eligible for CSR who enroll in a QHP that is not a Silver Metal Level Plan will not receive the CSR benefit.

Qualified Health Plan and Essential Plan Cost-Sharing Initiative for Consumers with Diabetes

COST-SHARING FOR CONSUMERS WITH DIABETES

Coming January 1, 2025:

NY State of Health consumers who have a primary diagnosis of diabetes, and who are enrolled in Essential Plan or in a metal level Qualified Health Plan (QHP) [Bronze, Gold, Silver, or Platinum Plan] will have in-network cost-sharing eliminated for the following services related to diabetes care:

- Medical Care such as non-hospital-based preventive diabetes-related services.
- Prescription Drugs including Insulin.
- Supplies.
- Diagnostics.

Consumers will not be charged co-pays, deductibles, or coinsurance for these services.

Cost-sharing will remain in place for hospitalization and related costs and most specialist office visits.

Excludes Catastrophic QHPs.

COST-SHARING FOR CONSUMERS WITH DIABETES

<https://info.nystateofhealth.ny.gov/2025invitation>

[Attachment U - 2025 Cost Sharing Reduction Initiatives Revised 9_5_24.pdf](#)

- In-network services and supplies listed on Table 1 will have no out-of-pocket costs for the consumer when there is a primary diagnosis of diabetes presented.
- Prescription Drugs which are on the plan’s formulary listed on pages 3 and 4 of Attachment U will have no out-of-pocket costs for the consumer when there is a primary diagnosis of diabetes presented.
 - Items and services are subject to change based on updated recommendations and guidance.
 - Consumers can request formulary exceptions through their plan to have cost-sharing waived if the drug is not on their plan’s formulary.
 - Excludes Catastrophic Plans.
 - High-Deductible Health Plans are subject to specific rules.

Medical and Lab Services	Diabetic Supplies
Unlimited Primary Care visits	Alcohol or peroxide by the pint
1 dilated retinal exam per year	Acetone reagent tablets
1 diabetic foot exam per year	Acetone reagent strips
Unlimited nutritional counseling visits	Glucose reagent tape
Laboratory procedures and tests for the diagnosis and management of diabetes.	Glucose kit
	Injector (Busher) Automatic
	Injection aides
	Insulin/Insulin cartridge delivery
	Lancets and automatic lancing devices
	Glucose test strips
	Blood glucose monitors
	Blood glucose monitor for visually impaired
	Control solutions used in glucose monitors
	Diabetes data management systems for management of blood glucose
	Urine testing products for glucose and ketones
	Oral anti-diabetic agents used to reduce blood sugar levels
	Alcohol swabs
	Syringes
	Injection aids including insulin drawing up devises for the visually impaired
	Cartridges for the visually impaired
	Disposable insulin cartridges and pen cartridges
	All insulin preparations
	Insulin pumps and equipment for the use of the pump including batteries
	Insulin infusion devices
	Oral agents for treating hypoglycemia such as glucose tablets and gels
	Glucagon for injection to increase blood glucose concentration
	Continuous Glucose Monitor

Prescription Drugs		
Prescription Drugs for the treatment of diabetes on the Plan's formulary or when the Prescription Drug is obtained through the formulary exception process will have cost-sharing waived		
ACARBOSE	INSULIN ASPART PROT/INSULIN ASP	INSULIN ZINC, BEEF PURIFIED
ACETOHEXAMIDE	INSULIN ASPART/B3/PUMP CART	INSULIN ZINC, BEEF-PORK
ALBIGLUTIDE	INSULIN DEGLUDEC	INSULIN ZINC, PORK PURIFIED
ALOGLIPTIN BENZMETFORMIN HCL	INSULIN DEGLUDEC/LIRAGLUTIDE	INSULIN, BEEF
ALOGLIPTIN BENZPIOGLITAZONE	INSULIN DETEMIR	INSULIN, PORK
ALOGLIPTIN BENZOATE	INSULIN GLARGINE, HUM REC ANLOG	INSULIN, PORK PURIFIED
BEXAGLUFLOZIN	INSULIN GLARGINE-AGLR	INSULIN, PORK REG. CONCENTRATE
BROMOCRIPTINE MESYLATE	INSULIN GLARGINE-XYFORN	LINAGLIPTIN
CANAGLIFLOZIN	INSULIN GLARGINE/LIXISENATIDE	LINAGLIPTIN/METFORMIN HCL
CANAGLIFLOZIN/METFORMIN HCL	INSULIN GLULISINE	LIRAGLUTIDE
CHLORPROPAMIDE	INSULIN ISOPHANE, NPH, BF-PK	LIXISENATIDE
DAPAGLIFLOZ	INSULIN ISOPHANE, BEEF	METFORMIN HCL
DAPAGLIFLOZIN PROPANEDIOL	INSULIN ISOPHANE, BEEF PURE	METFORMIN/AA 7/HERB125/CHOLINE
DAPAGLIFLOZIN/SAXAGLIPTIN HCL	INSULIN ISOPHANE, PORK PURE	METFORMIN/BLOOD SUGAR DIAGNOST
DASIGLUCAGON HCL	INSULIN LISPRO	METFORMIN/CAFF/AA7/HRB125/CHOL
DEXTROSE	INSULIN LISPRO PROTAMIN/LISPRO	MIFEPRISTONE
DEXTROSE/DEXTRIN/MALTOSE	INSULIN LISPRO-AABC	MIGLITOL
DEXTROSE/MALTODEXTRIN	INSULIN NPH HUMAN REG	NATEGLINIDE
DEXTROSE/VITAMIN D3	INSULIN NPH HUMAN ISOPHANE	PIOGLITAZONE HCL
DIAZOXIDE	INSULIN NPH HUMAN SEM-SYN	PIOGLITAZONE HCL/GLIMEPRIDE
DULAGLUTIDE	INSULIN NPH/REGULAR INSULIN 5-5	PIOGLITAZONE HCL/METFORMIN HCL
EMPAGLIFLOZIN/LINAGLIPTIN/METFORMIN	INSULIN PROTAMINE ZINC, BEEF	PRAMLINTIDE ACETATE
EMPAGLIFLOZIN	INSULIN PROTAMINE ZN BEEF (P)	REG INSULIN HMR/LS/CHBR/HLR

EXENATIDE	INSULIN REGULAR, HUMAN	SAXAGLIPTIN HCL
EXENATIDE MICROSPHERES	INSULIN REGULAR, BEEF-PORK	SAXAGLIPTIN HCL/METFORMIN HCL
GLIMEPRIDE	INSULIN REGULAR, HUMAN BUFFERED	SEMGALUTIDE
GLIPIZIDE	INSULIN REGULAR, HUMAN/REL LNT	SITAGLIPTIN
GLIPIZIDE/METFORMIN HCL	INSULIN ZINC BEEF	SITAGLIPTIN PHOS/METFORMIN HCL
GLUCAGON	INSULIN ZINC EXT, BEEF (P)	SITAGLIPTIN PHOS/SIMVASTATIN
GLUCAGON HCL	INSULIN ZINC EXTEND HUMAN REC	SITAGLIPTIN PHOSPHATE
GLYBURIDE	INSULIN ZINC EXTENDED, BEEF	SOTAGLIFLOZIN
GLYBURIDE, MICRONIZED	INSULIN ZINC EXTENDED, BF-PK	TIRZEPATIDE
GLYBURIDE/METFORMIN HCL	INSULIN ZINC HUMAN RECOMBINANT	TOLAZAMIDE
INS ZN, BF (P)/INS ZN, PK (P)	INSULIN ZINC HUMAN SEM-SYN	TOLBUTAMIDE
INSUL, PK PURE/INSUL NPH, PK-P	INSULIN ZINC PROMPT, BEEF	TROGLITAZONE
INSULIN ASPART	INSULIN ZINC PROMPT, BF-PK	
INSULIN ASPART (NIACINAMIDE)	INSULIN ZINC PROMPT, PORK PURE	

This initiative aims to reduce consumer out-of-pocket costs and is expected to improve consumers' ability to manage their diabetes by:

- Improving access to recommended care;
- Lowering the likelihood of unnecessary hospitalizations; and
- Improving overall health.

NY State of Health is pursuing this plan design, in order to address health inequities by focusing on conditions (such as diabetes) that disproportionately impact lower-income communities, including communities of color.

Qualified Health Plan Cost-Sharing Initiative for Pregnancy and Postpartum Care

COST-SHARING FOR PREGNANCY AND POSTPARTUM CARE

Coming January 1, 2025:

NY State of Health consumers who are pregnant or postpartum and who are in a metal-level Qualified Health Plan (QHP) [Bronze, Gold, Silver, or Platinum] will have in-network cost sharing eliminated for most services except labor and delivery. Some examples include:

- Office visits
- Prenatal testing
- Prenatal vitamins
- Breast pumps and supplies
- Prescription drugs
- Blood pressure monitors
 - Prior authorization for blood pressure monitors will be prohibited.
- Lab x-ray services and supplies
- Outpatient services
- Mental health/substance use benefits
- Some specialist visits.
 - Specialist visits can include treatment for health conditions like hypertension, asthma, and urinary tract infections.
- Services and supplies for diabetes, asthma, hypertension, heart disease and more.

A complete list of all covered services under this initiative is too large to list. If a consumer accesses any in-network service (like the ones listed above) and which is not listed on the next slide, they will have no out-of-pocket costs for these services while they are pregnant and through the end of their 12-month postpartum period.

<https://info.nystateofhealth.ny.gov/2025invitation>

[Attachment U - 2025 Cost Sharing Reduction Initiatives Revised 9 5 24.pdf](#)

Out-of-pocket costs for labor and delivery are not included in this initiative.

Cost-sharing will still apply to physician, nurse practitioner and midwife services for delivery as well as, inpatient hospital and birthing center services for delivery.

Cost-Sharing will apply to the services below.

- Ambulance Services
- All Inpatient Services (hospital, rehabilitation, mental health/substance use disorder, hospice)
- Emergency Care in a Hospital
- Physician, Nurse Practitioner and Midwife services for Delivery
- Inpatient Hospital and Birthing Center services for Delivery
- Pediatric Vision and Dental

- ❖ Excludes Catastrophic Plans.
- ❖ High-Deductible Health Plans are subject to specific rules.
 - See Attachment U via link below.

<https://info.nystateofhealth.ny.gov/2025invitation>

[Attachment U - 2025 Cost Sharing Reduction Initiatives Revised 9_5_24.pdf](#)

Essential Plan Cost-Sharing for Pregnant and Postpartum Consumers

In 2025, cost-sharing is going to be even lower for pregnant and postpartum Essential Plan (EP) enrollees!

- Essential Plan benefits continue to have \$0 out-of-pocket costs during a pregnancy and postpartum period.
 - In Essential Plan, all co-pays are removed during pregnancy and through the consumer's 12-month postpartum period.

Renewal Email Messages for Consumers Eligible Under the New Cost-Sharing Initiatives

RENEWAL EMAIL MESSAGES



NEW this Open Enrollment Period: Emails about 2025 Cost-Sharing Reduction (CSR) initiatives.

- NY State of Health will send emails to the following groups in November and December:
 - Email for Silver Plan enrollees currently with an FPL less than 400% that includes information on the three new CSR initiatives for which they will now be eligible.
 - Email for consumers who have an FPL of 400% or less, but are not currently enrolled in a Silver plan, and include information on all three CSR initiatives.
 - Email for consumers who are above 400% and could benefit from the maternal health and diabetes initiative.

[Extra Cost-Savings Through NY State of Health in 2025 | NY State of Health](#)

NY State of Health also added a new webpage on these initiatives so you can have the information right at your fingertips.



The screenshot shows the NY State of Health website interface. At the top, there is a navigation bar with the logo on the left, 'SUPPORT & RESOURCES' in the center, and 'Get Covered' and 'Log In' buttons on the right. Below this is a secondary navigation bar with links for 'Individuals & Families', 'Employers', 'Assistors & Brokers', 'Info & Events', and 'Language Support'. The main content area features a breadcrumb trail: 'Home > Extra Cost-Savings Through NY State of Health in 2025'. The title of the page is 'Extra Cost-Savings Through NY State of Health in 2025'. The introductory text states: 'Great news! NY State of Health is providing new cost savings to consumers in 2025. Accessing the health care services you need will be more affordable than ever. Click below to learn more about:'. There are two bullet points: '2025 Cost Savings for Qualified Health Plans' and '2025 Cost Savings for the Essential Plan'. The section '2025 Cost Savings in Qualified Health Plans' explains that there are four levels of plans organized by 'metal level' and that in 2025, all metal level plans have been upgraded, especially the Silver plan. It lists benefits for Bronze, Gold, and Platinum plans, including \$0 out-of-pocket costs for most services for diabetes and for most pregnancy and postpartum health services. It also notes that this benefit does not apply to ambulance services, inpatient services, emergency care, and delivery services.

QUESTIONS?

New CSRs in 2025:

- Cost-Sharing Initiative for Consumers >250% FPL - ≤ 400% FPL
- Cost-Sharing Initiative for Consumers with Diabetes
- Cost-Sharing Initiative for Pregnancy and Postpartum Care



NY STATE OF HEALTH IS OPEN FOR BUSINESS!

- Individual and Small Business health and dental insurer options will continue to be robust in every county of the State.
- 2025 Open Enrollment period will run from November 1, 2024 – January 31, 2025.
- Our priority is to ensure that quality, affordable coverage is available.

2025 QUALIFIED HEALTH PLANS

- Significantly expanded federal tax credits will remain available to New Yorkers who enroll in Qualified Health Plans (QHP) in 2025.
 - The majority of consumers who receive premium tax credits are not expected to see premium cost increases in 2025.
- The same twelve (12) health insurers will offer Qualified Health Plans (QHPs) in the individual market in 2025.
- The number of insurer options varies by county – from two (2) to seven (7).
- Most consumers have a choice of at least four (4) insurer options.
- Charts of insurers offering QHP by county are identified in the PDF attachments located at: <https://info.nystateofhealth.ny.gov/2025plans>

2025 QHP INSURERS INDIVIDUAL MARKET



Note: When counting - Highmark of Western NY/Highmark of Northeastern NY, Anthem BlueCross/BlueCross BlueShield, and Excellus/Univera are each counted as one.

STANDARD PRODUCT REFRESHER

- Every insurer must offer a Standard Product at each metal level and in every county of its Marketplace service area.
- Standard products must include the Essential Health Benefits (EHB), except pediatric dental, which is optional if otherwise available.
- Cost-sharing (deductibles, copayments) are the same across insurers within a metal tier.
 - The Standard benefit Design Cost-Sharing Description Chart shows all pre-set out-of-pocket costs for an individual within the plan year.
 - 2024 chart can be found [here](#).
 - 2025 chart can be found [here](#).

2025 QUALIFIED HEALTH PLANS, CONTINUED

STANDARD PRODUCTS IN 2025

<u>Metal Level</u>	<u>Deductible 2024</u>	<u>Deductible 2025</u>	<u>Max Out of Pocket 2024</u>	<u>Max Out of Pocket 2025</u>
Platinum	\$0	\$0	\$2,000	\$2,000
Gold	\$600	\$600	\$5,900	\$7,900
Silver	\$2100	\$2,100	\$9,450	\$9,200
Silver Enhanced	\$1925	\$1,855	\$7,550	\$7,350
Silver Supreme	\$275	\$350	\$3,150	\$3,050
Silver 94	\$0	\$0	\$1000	\$1,075
Bronze	\$4,600	\$3,800	\$9,450	\$9,200
Catastrophic	\$9,450	\$9,200	\$9,450	\$9,200

2025 QUALIFIED HEALTH PLANS, CONTINUED

REMINDERS FOR STANDARD PRODUCTS

- All Standard Bronze products will include three (3) visits subject to co-payments, but not subject to the deductible. Catastrophic products include three (3) primary care visits per calendar year that are not subject to the deductible and with no copayment.
 - The three visits covered in Standard Bronze and Catastrophic products can be either primary care OR specialist including mental health and substance use disorder visits.
- Prescription drugs are covered before the deductible, for Standard Gold and Silver products.
- Deductible levels affect most consumers, while few consumers reach their MOOP each year.

NON-STANDARD PRODUCTS REFRESHER



- Nine (9) QHP insurers will offer non-standard products in 2025.
- Non-standard products are available in all counties.
 - Insurers will continue to offer up to two (2) non-standard products in each metal level.
- Unlike standard products, non-standard products:
 - Do not have to be offered at all four metal levels.
 - Must be offered at a minimum of two metal levels of the insurer's choosing, and the number of non-standard Bronze products is limited.
- The most commonly offered non-standard benefits include Adult/Family Dental, Adult/Family Vision, Telemedicine, and Acupuncture.
 - Non-standard products may also offer a variation on cost-sharing.

SIDE BY SIDE COMPARISON

	Standard	Non-Standard
Offering	Offered by all insurers	Offered by most insurers
Provider Network	QHP Standard Network	May be the QHP Standard Network, Tiered or Limited Network
Covered Benefits	Essential Health Benefits (EHB)	EHB plus additional benefits (e.g., adult dental, adult vision, acupuncture)
Cost-sharing	Standard across all insurers	Varies from insurer to insurer

2025 QUALIFIED HEALTH PLANS, CONTINUED

NAMING FORMAT – INDIVIDUAL MARKET

Field Name	Values	Meaning
Product Name	To be assigned by Insurer	
Metal Tier	Bronze, Silver, Gold, Platinum, Child Only, Catastrophic	Identifies Metal Level and whether Child Only or Catastrophic Product
Standard/ Non-Standard	ST or NS	Identifies Standard (ST) or Non-Standard (NS) Product
Network Coverage	INN or OON	Identifies in-network coverage (INN) or out-of-network coverage (OON)
Network Name	To be assigned by the Insurer	Indicates the network name associated with each product
Dependent Age Coverage	Dep25, Dep29	Identifies the maximum age of covered dependents
Non-Standard Details	Adult Vision, Family Dental, Family Vision, Wellness, Other	Identifies additional covered benefits
Dental Coverage	Pediatric Dental, Adult/ Family Dental	Identifies type of dental coverage included, if any, in QHP

2025 ESSENTIAL PLAN

- Twelve (12) insurers will offer Essential Plans in 2025.
- The number of insurer options varies by county – from two (2) to seven (7).
 - Fidelis is expanding into Clinton County starting 1/1/2025.
- Most consumers have a choice of at least four (4) insurer options.
- Charts of insurers offering EP by county are identified in the PDF attachments located at: <https://info.nystateofhealth.ny.gov/2025plans>

2025 ESSENTIAL PLAN INSURERS



Note: When counting Insurers, Excellus/Univera is counted as one. Affinity by Molina Healthcare and Molina Healthcare are also counted as one.

ESSENTIAL PLAN REMINDERS

	Essential Plan 200-250	Essential Plan 1	Essential Plan 2	Essential Plan 3	Essential Plan 4
Income Eligibility	200%-250% FPL	150%-200% FPL	138%-150% FPL	100-138% FPL	Below 100% FPL
Premium	\$0	\$0	\$0	\$0	\$0
Deductible	\$0	\$0	\$0	\$0	\$0
Maximum Out-of-pocket	\$2000	\$360	\$200	\$200	\$0
Vision and Dental Cost Sharing	Included with no additional cost and no co-pay for services	Included with no additional cost and no co-pay for services	Included with no additional cost and no co-pay for services	Included with no additional cost and no co-pay for services	Included with no additional cost and no co-pay for services
Additional Benefits	N/A	N/A	N/A	Additional benefits include non-emergency transportation, non-prescription drugs, orthotic services and orthotic footwear.	Additional benefits include non-emergency transportation, non-prescription drugs, orthotic services and orthotic footwear.

Marketplace Program Participation by Insurer, 2025

Insurer (Parent Company)	Medicaid	Child Health Plus (CHP)	Essential Plan (EP)	Qualified Health Plans (QHPs)	Small Business Marketplace (SHOP)	Total Number of Programs	Participates Across Programs (Medicaid, EP, QHP)
Amida Care*	1					1	
Anthem Blue Cross & Blue Shield HP, Anthem Blue Cross HP (formerly Empire)	1	1	1	1	1	5	X
CDPHP	1	1	1	1	1	5	X
EmblemHealth	1	1	1	1	1	5	X
Excellus BlueCross BlueShield/Univera	1	1	1	1	1	5	X
Fidelis Care	1	1	1	1		4	X
Healthfirst	1	1	1	1		4	X
Highmark (formerly HealthNow)	1	1	1	1		4	X
Independent Health	1	1	1	1		4	X
MetroPlus Health Plan	1	1	1	1		4	X
Molina Health Plan	1	1	1			3	
MVP Health Care	1	1	1	1	1	5	X
Oscar				1		1	
UnitedHealthcare	1	1	1	1	1	5	X
VNSNY Choice Select Health*	1					1	
Total Number of Insurers	14	12	12	12	6		11

*HIV/SNP only plan

2025 SMALL BUSINESS MARKETPLACE



- Six (6) Insurers will offer coverage in the Small Business Marketplace (SBM).
 - Oscar will no longer be offering coverage through the Small Business Marketplace in 2025.
- There are many insurers for employers to choose from through New York's SBM in 2025. Currently, these six (6) insurers offer over 1,800 policies.
- The number of insurer options varies by county – from one(1) to six (6).
- Healthy NY will be offered in every county across the state in 2025:
 - Small employers can benefit from both Healthy NY and federal small business tax credits.
- SBM “Direct Enrollment” option makes it easier for New York's small businesses to access the Federal Small Business Health Care Tax Credit.

2025 SMALL BUSINESS MARKETPLACE INSURERS



Note: When counting Insurers, Empire BlueCross/Empire BlueCross BlueShield, and Excellus/Univera are each counted as one.

STAND-ALONE DENTAL PLANS (SADPs)

2025 INDIVIDUAL STAND-ALONE DENTAL PLANS

Anthem. 

Anthem.  

 **DELTA DENTAL**

Excellus  

 **Guardian**


Solstice
A UnitedHealthcare Company

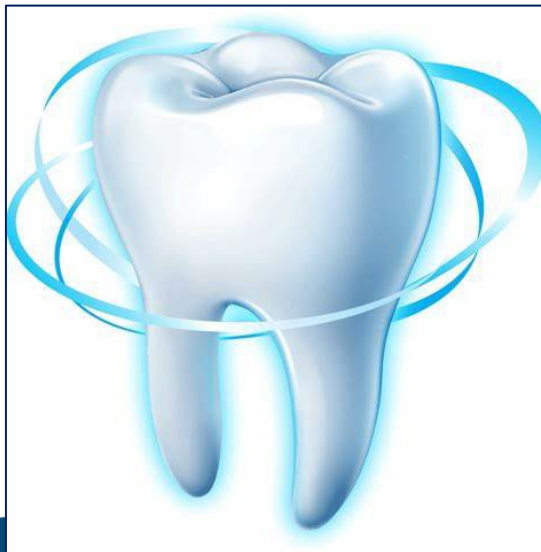

univera.
HEALTHCARE

2025 INDIVIDUAL STAND-ALONE DENTAL PLANS

- **New for 2025:**



- Effective 1/1/2025 there is no longer a waiting period for adult dental services through a SADP, except for orthodontia services.
- Qualified Health Plans that offer adult dental benefits as part of a non-standard product may still have a waiting period for services.



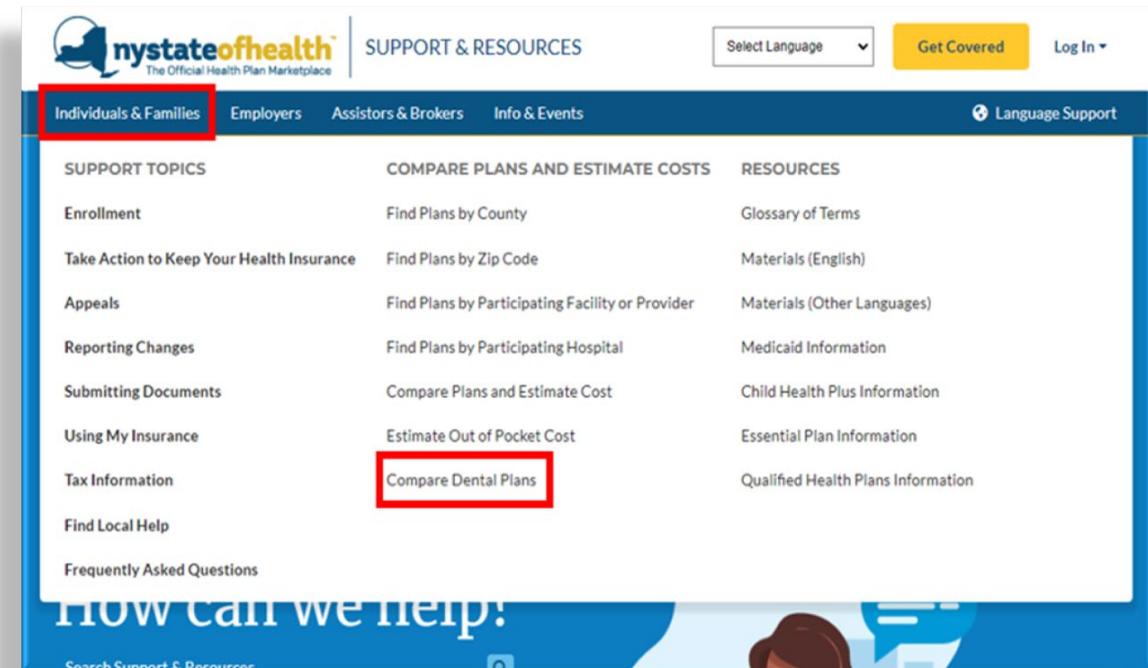
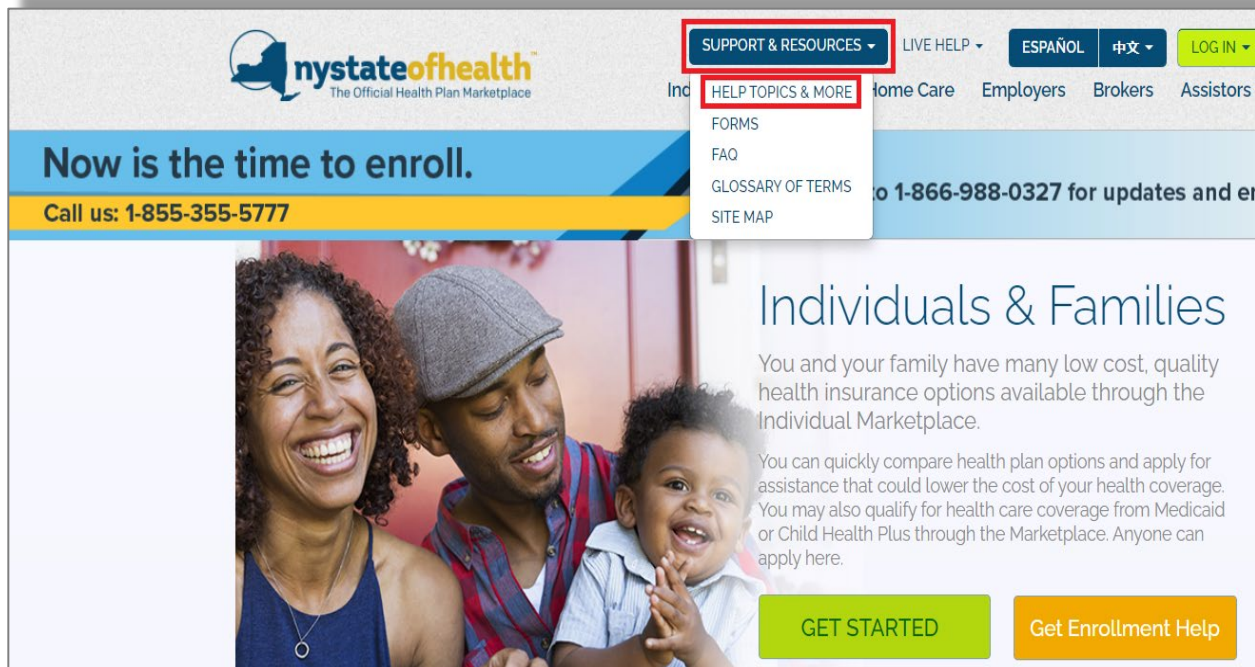
2025 INDIVIDUAL STAND-ALONE DENTAL PLANS, CONTINUED

- The permitted pediatric out-of-pocket maximum for 2025 has increased to \$425/\$850.
- The actual MOOP is determined by the plan but cannot be more than \$425/\$850 for pediatric dental.



DENTAL PLAN COMPARISON TOOL

The Dental Plan Comparison Tool helps to compare Pediatric Dental Plans, Family Dental Plans and Qualified Health Plans with Dental benefits that are offered in a specific county.



The Dental Plan Comparison Tool can be found at www.nystateofhealth.ny.gov in the “Support & Resources” drop-down or by going directly to: <https://info.nystateofhealth.ny.gov/dental/dental-tool>

- The Dental Plan Comparison tool will be updated in Mid-November with the 2025 plan options.

DENTAL PLAN COMPARISON TOOL

Dental Plan Type * Adult & Family Dental Plan |
 Person(s) Covered Family |
 Insurance Company - Any - |
 County (Family) Fulton

Out-of-Network Coverage ⓘ - Any - |
 Metal Level - Any - |
 HIOS Product Number - Any - |
 Dependent Age ⓘ - Any -

[Search](#) [Reset](#)



Dental Plan Type	Person(s) Covered	Insurance Company	Plan Name:	County	Premium ⓘ	Out-of-Network Coverage ⓘ	Metal Level	HIOS Product Number	Dependent Age	Deductible Adult Individual ⓘ	Annual Benefit Maximum ⓘ	Waiting Periods ⓘ	View Details	Compare Plans
Adult & Family Dental Plan	Family	Delta Dental of New York, Inc	Delta Dental PPO Basic Plan for Families NS OON Family Dental Dep 25 WP	Fulton	\$58.88	Y	Low	10345NY0010006	Age 25	\$50	\$1,000	12 mo waiting period for adult TMJ services	View Details	<input checked="" type="checkbox"/>
Adult & Family Dental Plan	Family	DentCare Delivery Systems Inc	NS, INN, DP, Family Dental, DEP 29, Healthplex Network	Fulton	\$75.70	N	Low	30798NY0010005	Age 29	N/A	None	Possible 12 month waiting period for prosthetic services (adults only)	View Details	<input type="checkbox"/>
Adult & Family Dental Plan	Family	Highmark Blue Shield of Northeastern New York	Blue Value Dental 1, NS, OON, Blue Marketplace, Dep25 Adult/Family Dental	Fulton	\$126.36	Y	Low	36346NY0490002	Age 25	\$50 Per Adult	\$750	None	View Details	<input checked="" type="checkbox"/>

Delta Dental of New York, Inc

Plan

Plan Name: Delta Dental PPO Basic Plan for Families NS OON Family Dental Dep 25 WP

Issuer Name: Delta Dental of New York, Inc

HIOS ID: 10345NY0010006

Annual Benefit Maximum: \$1,000

Plan Brochure Link: [View](#)

Out of Network Coverage: Y

- Dental Plan Type
- Plan Information
- FDP In Network Cost Sharing Adult Benefits
- FDP In Network Cost Sharing Adult Benefits
- FDP In Network Cost Sharing Pediatric Benefits
- FDP Out of Network Cost Sharing Adult Benefits
- FDP Additional Out of Network Cost Sharing Adult Benefits
- FDP Out of Network Cost Sharing Pediatric Benefits
- FDP Network Information (Family Dental)

Premium: \$58.88

Highmark Blue Shield of Northeastern New York

Plan

Plan Name: Blue Value Dental 1, NS, OON, Blue Marketplace, Dep25 Adult/Family Dental

Issuer Name: Highmark Blue Shield of Northeastern New York

HIOS ID: 36346NY0490002

Annual Benefit Maximum: \$750

Plan Brochure Link: [View](#)

Out of Network Coverage: Y

- Dental Plan Type
- Plan Information
- FDP In Network Cost Sharing Adult Benefits
- FDP In Network Cost Sharing Adult Benefits
- FDP In Network Cost Sharing Pediatric Benefits
- FDP Out of Network Cost Sharing Adult Benefits
- FDP Additional Out of Network Cost Sharing Adult Benefits
- FDP Out of Network Cost Sharing Pediatric Benefits
- FDP Network Information (Family Dental)

Premium: \$126.36

OTHER RESOURCES AND TOOLS

PLANS BY COUNTY SEARCH TOOL

- This tool provides a way to search which health plans are available in which program for each county in NYS.
- Tool can be found here:
<https://info.nystateofhealth.ny.gov/plans-by-county>
- Or by using info.nystateofhealth.ny.gov > Individuals & Family > Find Plans by County

Plans by County

This tool is designed to help you learn what health plans are available in your county for each health insurance program available through NY State of Health. Select any filter and click on Search to see results. Each time you add a filter, you must click the Search button. To start a search over, click Reset.

County Program Year *

Albany Essential Plan 2025 Search Reset

PROGRAM	PLAN NAME	COUNTY	YEAR
Essential Plan	CDPHP	Albany	2025
Essential Plan	Fidelis Care	Albany	2025
Essential Plan	MVP Health Care	Albany	2025
Essential Plan	United Healthcare	Albany	2025

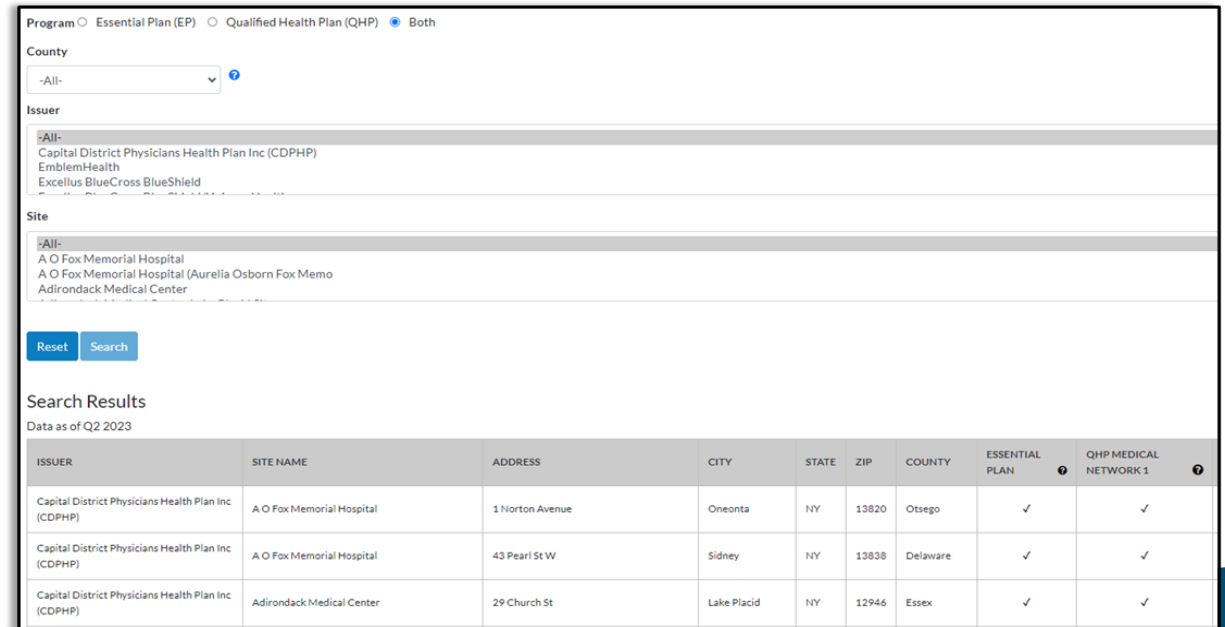
To learn more about the Essential Plan, [click here](#).

HOSPITAL PARTICIPATION SEARCH TOOL

- The Hospital Participation Search Tool can be found here: <https://info.nystateofhealth.ny.gov/hospital-participation>
- This tool is designed to help you find participating hospitals in an insurer's network in the Essential Plan and Qualified Health Plan programs. You can search by Insurer or by Hospital.



The screenshot shows the top navigation bar of the nystateofhealth website. The 'Individuals & Families' menu item is highlighted with a red box. Below the navigation bar, there are three columns of links: 'SUPPORT TOPICS', 'COMPARE PLANS AND ESTIMATE COSTS', and 'RESOURCES'. The link 'Find Plans by Participating Facility or Provider' is highlighted with a red box.

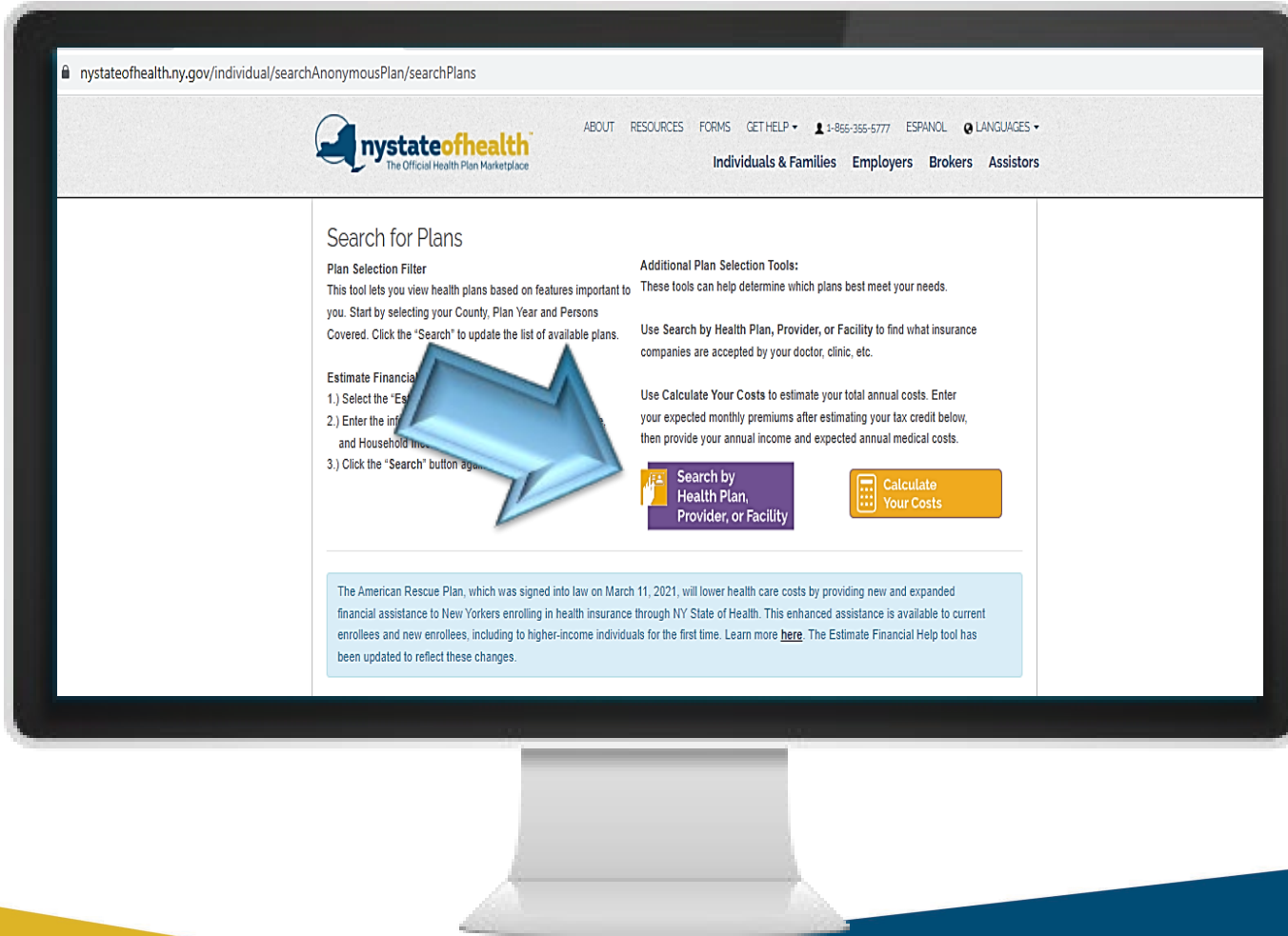


The screenshot shows the search tool interface. At the top, there are radio buttons for 'Program' with options: 'Essential Plan (EP)', 'Qualified Health Plan (QHP)', and 'Both'. Below this is a 'County' dropdown menu set to '-All-'. There are also sections for 'Issuer' and 'Site', each with a dropdown menu set to '-All-'. At the bottom, there are 'Reset' and 'Search' buttons. Below the search results, there is a table with the following data:

ISSUER	SITE NAME	ADDRESS	CITY	STATE	ZIP	COUNTY	ESSENTIAL PLAN	QHP MEDICAL NETWORK 1
Capital District Physicians Health Plan Inc (CDPHP)	A O Fox Memorial Hospital	1 Norton Avenue	Oneonta	NY	13820	Otsego	✓	✓
Capital District Physicians Health Plan Inc (CDPHP)	A O Fox Memorial Hospital	43 Pearl St W	Sidney	NY	13838	Delaware	✓	✓
Capital District Physicians Health Plan Inc (CDPHP)	Adirondack Medical Center	29 Church St	Lake Placid	NY	12946	Essex	✓	✓



NYS PROVIDER & HEALTH PLAN LOOK-UP TOOL



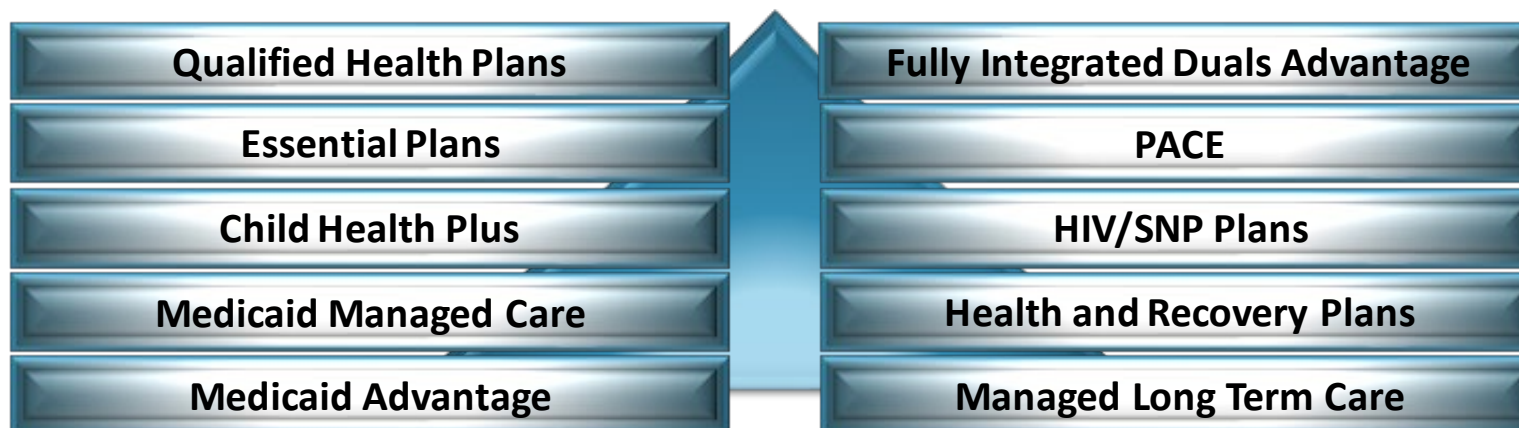
- How to access the NYS Provider & Health Plan Look-Up Tool:
 - <https://pndslookup.health.ny.gov>
 - NYSOH Website
- The telehealth icon will appear in the search results





NYS PROVIDER & HEALTH PLAN LOOK-UP TOOL, CONTINUED

- Networks can change throughout the year. It is important to check the NYS Provider & Health Plan Look-Up Tool to verify providers and facilities and their participation with plans.
- This is an online tool to research provider networks and health plans.
 - Search by provider, including doctors and hospitals, to see which health plans they participate in.
 - Search by health plan to see a list of providers and/or facilities that participate with that plan.
 - Search by facility to find a health plan.
- The NYS Provider & Health Plan Look-Up currently includes:



The tool is updated approximately every 30 days using data submitted by the health plans.



NYSOH ANONYMOUS PLAN SEARCH TOOL

2025 PLAN OPTIONS ARE NOW AVAILABLE TO VIEW

nystateofhealth
The Official Health Plan Marketplace

SUPPORT & RESOURCES ▾ LIVE HELP ▾ **ESPAÑOL** 中文 **LOG IN** ▾

Individuals & Families Home Care Employers Brokers Assistors

Now is the time to enroll.
Call us: 1-855-355-5777

Text **START** to 1-866-988-0327 for updates and enrollment reminders.

Individuals & Families

You and your family have many low cost, quality health insurance options available through the Individual Marketplace.

You can quickly compare health plan options and apply for assistance that could lower the cost of your health coverage. You may also qualify for health care coverage from Medicaid or Child Health Plus through the Marketplace. Anyone can apply here.

GET STARTED | **Get Enrollment Help**

Compare Plans and Estimate Cost | **Search by Health Plan, Provider, or Facility**

Chat Now

nystateofhealth
The Official Health Plan Marketplace

ABOUT RESOURCES FORMS GET HELP ▾ 1-855-355-5777 ESPAÑOL LANGUAGES ▾

Individuals & Families Employers Brokers Assistors

Individuals & Families

Shop here to see what health insurance options are available to you and your family in the Individual Marketplace. You can quickly compare health plan options and apply for assistance that could lower the cost of health coverage. Individuals and families may also qualify for free or low-cost coverage from Medicaid, Child Health Plus, or the Essential Plan through the Marketplace. Anyone who needs health coverage can apply.

Get Started

Returning Users
[CLICK HERE TO LOGIN](#) ▾
With your NYS GOV ID.

New Users
[CLICK HERE TO REGISTER](#) ▾
Create a NYS GOV ID.

Compare Plans and Estimate Cost

Preview before applying.

Enter Zip Code

I'm not a robot

Get Started

NYSOH ANONYMOUS PLAN SEARCH TOOL AND ESTIMATING FINANCIAL ASSISTANCE

How to use the tool:

Use the Anonymous Plan Search tool to determine the consumer's estimated premium after tax credits.

<https://nystateofhealth.ny.gov/individual>

Filter Options

County *	Plan Year	Persons Covered *	Overall Quality Rating ⓘ	Coverage Type
Otsego ▼	2025 ▼	INDIVIDUAL ▼	--All-- ▼	--All-- ▼
Metal Level ⓘ	Standard/Non-Standard ⓘ	Insurance Company	HIOS Plan ID	<input type="checkbox"/> Dependent Age 29 ⓘ
--All-- ▼	--All-- ▼	--All-- ▼	--All-- ▼	<input type="checkbox"/> Out of Network ⓘ

Estimated Financial Help

Estimate Financial Help ×

County ▼

Number of Members in Household ⓘ

Enter number of adults needing coverage ⓘ

Children under Age 19

Are there any dependents ages 26 to 29 applying for coverage? ⓘ Yes No

Total Household Income per Year ⓘ

Standard Plans cover the same 10 essential health benefits and have the same out-of-pocket costs. The difference between "standard plans" offered by different companies is the provider network, drug formulary and premium.

Non-Standard Plans sometimes cover extra benefits like dental and vision care for adults.

NYSOH ANONYMOUS PLAN SEARCH TOOL AND ESTIMATING FINANCIAL ASSISTANCE, CONTINUED

Filter Options

County * Otsego	Plan Year 2025	Persons Covered * INDIVIDUAL	Overall Quality Rating --All--	Coverage Type --All--
Metal Level --All--	Standard/Non-Standard --All--	Insurance Company --All--	HIOS Plan ID --All--	<input type="checkbox"/> Dependent Age 29 <input type="checkbox"/> Out of Network

Estimated Financial Help



Search plans for **2025**

Based on your yearly household income, a Silver Plan may be best for you.

Compare Plans

Reset Compare Plans

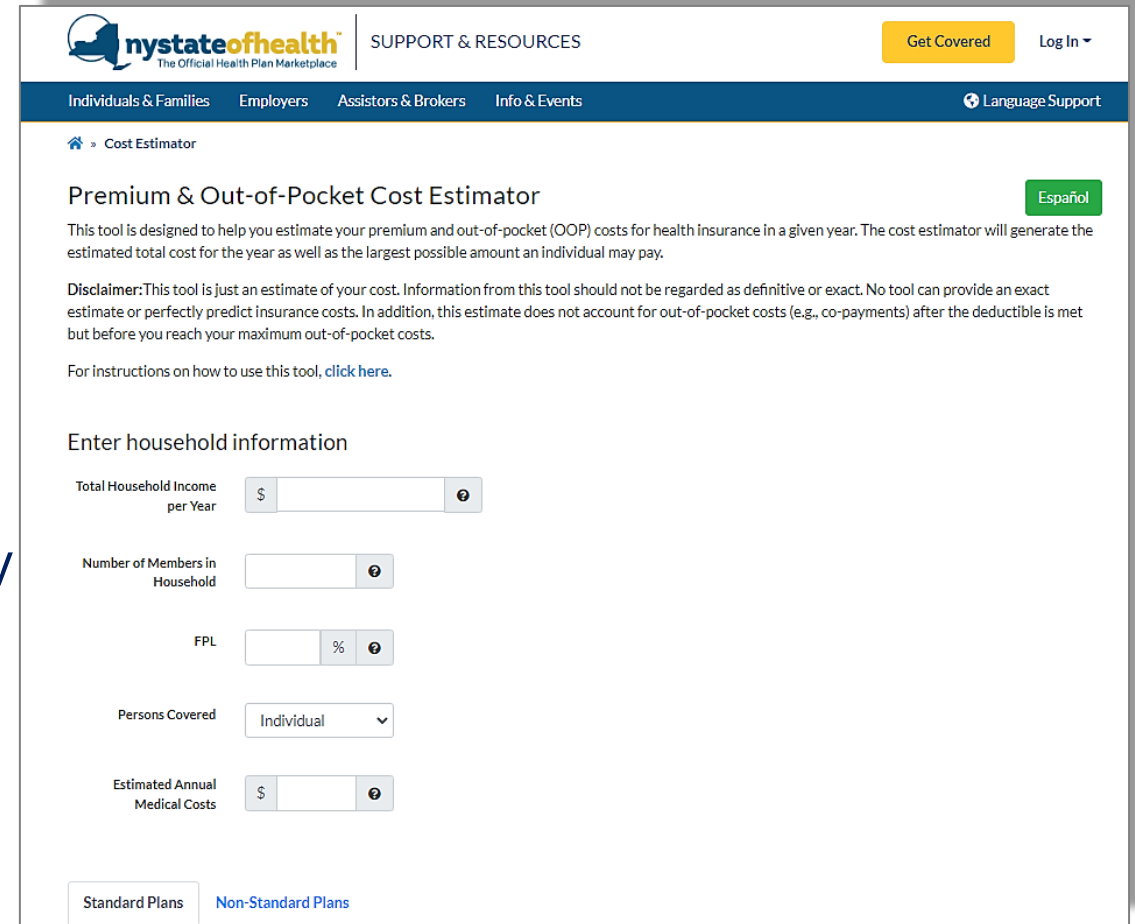
Page 4 of 5

	Insurance Company	Plan Name	Metal Level	Coverage Type	County	Persons Covered	Price Per Month	You Pay	Details
<input type="checkbox"/>	 ★★★★☆ Quality Details	HMO Copayment 20, Gold, ST, INN, HMO Network, Dep25	Gold	Medical	Otsego	Individual	\$1,418.69	\$0.00	View Details
<input type="checkbox"/>	 ★★★★☆ Quality Details	EmblemHealth Select Care, Gold, ST, INN, Select Care Network, Dep25, Pediatric Dental	Gold	Medical Plus Child Dental	Otsego	Individual	\$2,389.79	\$729.79	View Details

Plans display with tax credit deducted

QHP OUT-OF-POCKET COST ESTIMATOR

- Compares estimated consumer premium and out-of-pocket costs in different standard and non-standard plans.
- Consumers input household information and estimated annual medical costs.
- Generates the estimated total cost for the year as well as the largest possible amount an individual may pay.
- The QHP Out-of-Pocket Cost Estimator can be found here: <https://info.nystateofhealth.ny.gov/cost-estimator>
- **Disclaimer:** No tool can provide an exact estimate or perfectly predict costs.



The screenshot shows the 'Premium & Out-of-Pocket Cost Estimator' tool. It includes a navigation bar with 'SUPPORT & RESOURCES', 'Get Covered', and 'Log In'. The main content area has a title, a description of the tool's purpose, a disclaimer, and a section for entering household information. The form fields include:

- Total Household Income per Year: \$ [input field]
- Number of Members in Household: [input field]
- FPL: [input field] %
- Persons Covered: Individual (dropdown menu)
- Estimated Annual Medical Costs: \$ [input field]

At the bottom, there are tabs for 'Standard Plans' and 'Non-Standard Plans'. A 'Español' button is also visible in the top right corner of the tool interface.

○ The QHP Out-of-Pocket Estimator tool will be updated by November 1st with the 2025 plan options.

QUESTIONS?

2025 QHP and EP Plan Line Up

- Qualified Health Plans
- Essential Plan
- Small Business Marketplace
- Dental Plans
- Resources and Tools



EMAIL CONTACTS



All Assistors

- If you have general Assistor training questions, or questions about this specific training, please send them to: Eligibility.Training.Support@health.ny.gov.
- If you have a case-specific question that you have already discussed with your supervisor or program manager, the issue should be submitted on an encrypted Account Review Spreadsheet to: Assistor.Cases@health.ny.gov.
- If you need help with your Assistor account or Oversight Manager account, or if your agency needs to report staff changes, please send an email to: Assistor.Admin@health.ny.gov.

Navigators Only

- When Navigator Agencies are submitting contract documents (vouchers, annual packet documents, consumer story submissions, site schedules, etc.) and related questions to the New York State Department of Health, please send them to: Navigator.Admin@health.ny.gov.
 - CC your Navigator Contract Manager
- When Navigator Agencies are submitting media approval requests, and educational and marketing material approval requests to the New York State Department of Health, please send them to: Navigator.Media@health.ny.gov.
 - CC your Navigator Contract Manager

RECERTIFICATION PROCESS



- All Assistors and Assistor Oversight Managers (AOMs) who are registered or completed the online Assistor Certification training by 10/31/2024 will be required to view the recertification webinars.
- Keep track of the date you watched the live webinar or the recording.
- In Mid-November, supervisors will be emailed a Recertification Report or spreadsheet and must attest to the accuracy of each date the Assistor said they viewed the webinar.
- The webinars that are required for 2024 will be posted at:

<https://info.nystateofhealth.ny.gov/SpringTraining2024>

THANK YOU FOR JOINING US!

- Please complete the survey:
 - Evaluation of Webinar: New CSRs available and 2025 QHP and EP Plan Line Up.
- As always, watch for the video and materials to be posted to:
<http://info.nystateofhealth.ny.gov/SpringTraining>.

